

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 170-879)**

SERIAL NO.

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.	2					
TOTAL DEF.	10					
TOTAL	12					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
61						
62						
63						
64						
65						
66						
67						
68						
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70						
71						
72						
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96						
97						
98						
99						
100						
TOTAL NO.						
TOTAL DEF.						
TOTAL						